

FCS COMPUTER SYSTEM ACCESS REQUEST

PLEASE TYPE. Instructions for completing this form may be found in Section 110 of Handbook 702

1. PRINT USER NAME (First, MI, LAST)		USER SIGNATURE	LOGON ID <input checked="" type="checkbox"/> NEW <input type="checkbox"/> EXISTING
2A. FCS USER (Check One) - Leave Blank HO <input type="checkbox"/> REGION <input type="checkbox"/> FIELD <input type="checkbox"/>		3. ORGANIZATION (Federal or State Agency, Branch/Division, RO program, FO or satellite, or Company) Sponsor # _____	
2B. NON FCS USER (Check One) USDA <input type="checkbox"/> OTHER FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> STATE ACCESS CODE: <u>ROAP Institution</u> PRINT STATE SECURITY OFFICER NAME: _____		4. ADDRESS: _____ _____ _____ CITY _____ STATE _____ ZIP CODE _____ 5. TELEPHONE NO. (Give Area Code & Number)	

6. SYSTEM ACCESS ACTION

a. SYSTEM(S) YOU ARE REQUESTING ACCESS TO

- | | | |
|--|--|---|
| <input type="checkbox"/> LAN (Local Use Only) | <input type="checkbox"/> MAINFRAME | <input type="checkbox"/> MCSC |
| <input type="checkbox"/> RO/HQ MINI _____
(Regional Location) | <input type="checkbox"/> CLIENT/SERVER | <input checked="" type="checkbox"/> OTHER (Specify) <u>ROAP</u> |

b. ACCESS REQUIREMENTS

ACTION REQUESTED (Add, Modify, or Delete)	NAME OF SYSTEM (Ex. FSPIIS, ROAP, SNPIIS, STARS) Circle Your Program	SRP FORM/SCREEN	TYPE OF ACCESS (1) Inquiry, (2) Update, (3) Certify, (4) Delete, (5) Post, (6) Reject	TIME LIMIT (Beginning and end date, or NONE)
Add	School Lunch/Breakfast	Sponsor	Claim Entry	None
	Special Milk Program			
	Summer Program			

c. "COMMENTS, JUSTIFICATIONS, SPECIFIC INSTRUCTIONS"

7. APPROVALS

APPRVL	DISAPP	DATE		PHONE NO.
			a. SIGNATURE OF SUPERVISOR	
			b. SIGNATURE OF REGIONAL DEPUTY OR STATE COMPUTER SECURITY OFFICER	
			c. SIGNATURE OF AUTHORIZING OFFICIAL OR REGIONAL OFFICE COORDINATOR	

8. DATE RECEIVED BY COMPUTER SECURITY OFFICER/DCSO MCSC

DATE COMPLETED

FCS COMPUTER SYSTEM ACCESS REQUEST (FCS-674)

INSTRUCTIONS FOR COMPLETION

We have completed most of the items for you. Follow the instructions below for completing the rest of the form.

- Item 1 Print your name, sign in the User Signature Block
- Item 2A Leave Blank
- Item 2B Leave As Is
- Item 3 Print name of ROAP Institution & 5-Digit Sponsor Number
- Item 4 Print Address of ROAP Institution
- Item 5 Provide telephone number for ROAP Institution
- Item 6a Leave As Is
- Item 6b 2nd Column, Name of System: Circle the Appropriate Program: **School Lunch/
Breakfast Program, Special Milk Program, Summer Program**
- Item 6c Leave Blank
- Item 7a Please obtain the signature of your supervisor indicating approval,
and provide the date and the phone number
- Item 8 Leave Blank

After completing and signing the form, mail it to:

Child Nutrition Payment Center
USDA, FNS, MARO
300 Corporate Boulevard
Robbinsville, NJ 08691
ATTN: ROAP PAYMENT CENTER